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U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

# FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amend∌d. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

E CAS DEST	7	
1. File Number U - SUG		2. Fiscal Year Covered From:
		1 / 1 / 2005 Through: 12 / 31 / 2005
3. Name and address of person f	filing.	4. Name, file number, and address of labor organization.
Name Joseph	S Frick	Name Sheet Metal Workers Interntl. Assoc. Local 19
		Labor Organization File Nurriber 013-066
P.O. Box, Bldg., Room No., if ar	ny	P.O. Box, Building and Room Number, if any
Street 1301 South Colu	imbus Blvd.	Street 1301 South Columbus Blvd.
City Philadelphia		City Philadelphia
State Pennsylvania	ZIP Ccde + 4 19147	State Pennsylvania ZIP Code + 4 19147
5. Position in labor organization.	Trustee	
A. Held an interest in, engage	(except as specified in the order of the description of the descriptio	spouse or minor child directly or indirectly had any of the following interests exclusions set forth in the instructions):  , or derived income or other economic benefit of ization represents or is actively seeking to represent.
A. Held an interest in, engage	(except as specified in the order of the description of the descriptio	exclusions set forth in the instructions):
A. Held an interest in, engager monetary value from an empl	(except as specified in the order of the din transactions (including loans) with loyer whose employees your organi	exclusions set forth in the Instructions):  , or derived income or other economic benefit of
A. Held an interest in, engaged monetary value from an emple.  Name and address of Employe	(except as specified in the order of the din transactions (including loans) with loyer whose employees your organi	or derived income or other economic benefit of ization represents or is actively seeking to represent.
A. Held an interest in, engaged monetary value from an emple.  Name and address of Employe	(except as specified in the order of the din transactions (including loans) with loyer whose employees your organizer (including trade name, if any).	or derived income or other economic benefit of ization represents or is actively seeking to represent.
A. Held an interest in, engaged monetary value from an employe S. Name and address of Employe Name	(except as specified in the order of the interest of the inter	or derived income or other economic benefit of ization represents or is actively seeking to represent.
A. Held an interest in, engager monetary value from an emple.  Name and address of Employe  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if an	(except as specified in the order of the interest of the inter	or derived income or other economic benefit of ization represents or is actively seeking to represent.
A. Held an interest in, engager monetary value from an emple.  Name and address of Employe  Name  Trade Name, if any:	(except as specified in the order of the interest of the inter	, or derived income or other economic benefit of ization represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.
A. Held an interest in, engager monetary value from an emple.  Name and address of Employe  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if an	(except as specified in the order of the interest of the inter	, or derived income or other economic benefit of ization represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.
A. Held an interest in, engaged monetary value from an emple.  6. Name and address of Employe  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if an	(except as specified in the order of the interest of the inter	, or derived income or other economic benefit of ization represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.
A. Held an interest in, engaged monetary value from an emple 6. Name and address of Employe Name Trade Name, if any:  P.O. Box, Bldg., Room No., if an Street  City	(except as specified in the old in transactions (including loans) with loyer whose employees your organizer (including trade name, if any).	, or derived income or other economic benefit of ization represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.
A. Held an interest in, engager monetary value from an emple.  6. Name and address of Employe  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if and Street  City  State  15. Signature and verification submitted in this report (including submitted subm	(except as specified in the individual of the in	exclusions set forth in the instructions):  , or derived income or other economic benefit of ization represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.  Signature  by of Perjury and other applicable penalties of the law, that all of the information panying documents), has been examined by the signatory and is, to the best of the

Name of Person Filing Joseph Frick	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any).  Name Sheet Metal Workers Local 19 JATF  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 1301 South Columbus Blvd.  City Philadelphia  State Pennsylvania ZIP Code + 4 19147	9. Business deals with:  a. Labor Organization b. Trust c. Employer			
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing.  Wages 2005			
Street  City  State  ZIP Code + 4	11.b. Approximate dollar value of such dealing.  12.a. Nature of interest held or income received	\$93,071		
	12.b. Amount.	*** - *** - *** - **** - **** - **** - ***		
C. Received from any employer (other than an employer covered undo or from any labor relations consultant to an employer any payment of money				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	14.a. Nature of payment.			
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.			

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Name of Person Filing Joseph Frick	F	File Number U-	

Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Sheet Metal Workers Local 19 JATF	a. Labor Organization	
Trade Name, if any:	ं अ	
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 1301 South Columbus Blvd.	c. Employer	
City Philadelphia		
State Pennsylvania ZIP Code + 4 19147		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	dis absention de consciouscement extra servan demandad historico construintenesses assenting
Name	Benefits 2005	1 •
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	\$50,867
	12.a. Nature of interest held or income received.	HARMAN, JAKOR, NEW TOWARD IN THE MANAGEMENT AND THE MANAGEMENT AND THE STATE OF THE
	Browning to the transfer of the control of the cont	
	12.b. Amount.	

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Name of Person Filing Joseph Frick	File Number U-
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8. Name and address of Business (including trade name, if any).	9. Business deals with:	
ANI A Agree - globa colabellet a s'amphonopholes and ne alemente de l' p - prombjett by date e te a service son se comment t		
Name Sheet Metal Workers Local 19 JATF	a. Labor Organization	
Trade Name, if any:	7.9	
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 1301 South Columbus Blvd.	c. Employer	
City Philadelphia		
State Pennsylvania ZIP Code + 4 19147		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	2005 Regional Apprentice Contest Expense Reimbursement Lodging	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City	The second secon	
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	\$596 <sup>-</sup>
	12.a. Nature of interest held or income received.	and the second s
		and the second s
	12.b. Amount.	

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Name of Person Filing Joseph Frick	File Number U-

8. Name and address of Business (include	ling trade name, if any).	9. Business deals with:	
Name Sheet Metal Workers Loc Trade Name, if any:	cal 19 JATF	a. Labor Organization  b. Trust	
P.O. Box, Bldg., Room No., if any  Street 1301 South Columbus Bl  City Philadelphia	vd.	c. Employer	
State Pennsylvania	ZIP Code + 4 19147		
10. If 9.b. or 9.c. is checked give trust or em	ployer's name.	11.a. Nature of such dealing.	
Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City		Eastern Regional Contest Expense Reimbursement Lodging	agenciano (s. responses propries del del colo de se
State	ZIP Code + 4	11.b. Approximate dollar value of such dealing.	\$1,097
		12.a. Nature of interest held or income received.	
		12.b. Amount.	

Name of Person Filing Joseph Frick	File Number U-	

Name and address of Business (including trade name, if any).	9. Business deals with:	
Name International Training Institute for the She	a. Labor Organization	
Trade Name, if any:	b. Trust	
P.O. Box, Bldg., Room No., if any	D. Trust	
Street 601 North Fairfax Street	c. Employer	
City Alexandria		
State Virginia ZIP Code + 4 22314		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	gammananan va vannan var mananda kandada kandada kandada va va kudur daga da manandag
Name	Continued Professional Instruction   Expense Reimbursement   Travel	
Trade Name, if any:	Lodging	A in
P.O. Box, Bldg., Room No., if any		
Street	The state of the s	
City	NAMES CONTROL OF THE PARTY OF T	
State ZIP Gode + 4	11.b. Approximate dollar value of such dealing.	\$822
	12.a. Nature of interest held or income received.	
		v v v v v v v v v v v v v v v v v v v
	12.b. Amount.	- MATERIAL AND A CARACTER SAME SAME SAME SAME SAME SAME SAME SAME
	TELO, MITOURIL	<u> </u>

Name of Person Filing Joseph Frick	File Number U-

8. Name and address of Business (including tra	ade name, if any).	9. Business deals with:	
Name International Training Institute for the She		a, Labor Organization	
Trade Name, if any:		b. Trust	
P.O. Box, Bldg., Room No., if any			
Street 601 North Fairfax Street		c. Employer	
City Alexandria			
State Virginia ZIP	Code + 4 22314		
10. If 9.b. or 9.c. is checked give trust or employer	s name.	11.a. Nature of such dealing.	
Name	The same of the sa	Residential Training 2005 Expense Reimbursement Travel	
Trade Name, if any:		Lodging	
P.O. Box, Bldg., Room No., if any			ļ
Street			
City	The second secon		proprior of 1 (6), distance was a state of some
State	Code + 4	11.b. Approximate dollar value of such dealing.	\$598
		12.a. Nature of interest held or income received.	THE CONTRACT OF THE CONTRACT O
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			Control of the Contro
		12.b. Amount.	

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Name of Person Filing Joseph Frick	File Number U-	

Name and address of Business (including trade name, if any).	9. Business deals with:		
Name International Training Institute for the SI  Trade Name, if any:	a. Labor Organization b. Trust		
P.O. Box, Bldg., Room No., if any  Street 601 North Fairfax Street  City Alexandria	c. Employer		
State Virginia ZIP Code + 4 22314			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City	Industrial Welding Task Force June 2005 Expense Reimbursement Travel Lodging		
State ZIP Code + 4	11.b, Approximate dollar value of such dealing. \$576		
	12.a. Nature of interest held or income received.		
	12.b. Amount.		

Name of Person Filing Joseph Frick	File Number U-

Name and address of Business (including trade name, if any).	9. Business deals with:	
Name International Training Institute for the She  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 601 North Fairfax Street  City Alexandria  State Virginia ZIP Code + 4 22314	a. Labor Organization  b. Trust  c. Employer	
\$5 - \$4 - \$40,00 - \$4	11.a. Nature of such dealing.	
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City	Industrial Welding Task Force Augu Expense Reimbursement Travel Lodging	st 2005
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	\$696 <sup>'</sup>
	12.a. Nature of interest held or income received.	7. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3.
	12.b. Amount.	

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8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name International Training Institute for the She  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 601 North Fairfax Street  City Alexandria  State Virginia ZIP Code + 4 22314	a. Labor Organization  b. Trust  c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City	Industrial Welding Task Force Septe Expense Reimbursement Travel Lodging	ember 2005
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	\$942
ji Benganaga en   magajagatian en orders des en	12.a. Nature of interest held or income received.	COLUMN CONTRACTOR DE CONTRACTO
	12.b. Amount.	

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Name of Person Filing Joseph	Frick	File Number U-	

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Name Sheet Metal Workers Local 19 JATF  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 1301 South Columbus Blvd.  City Philadelphia  State Pennsylvania ZIP Code + 4 19147	a. Labor Organization  b. Trust  c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City	Mileage and Other Expenses Reimbursement
State ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$444
Name of the control o	12.a. Nature of interest held or income received.
	12.b. Amount.

Name of Person Filing Joseph Frick		File Number <b>U</b> -	

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Union and Councils Pension Fund	a. Labor Organization	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any	b, Trust	
Street 601 North Fairfax Street	c. Employer	
City Alexandria		
State Virginia ZIP Code + 4 22314		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name '	Benefits Unions and Council Pension	
Trade Name, if any:		
P.O. Box, Bidg., Room No., if any		
Street		
City City		
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	\$15,822
	12.a. Nature of interest held or income received.	in the Carrelina delegant from the carreland of the carre
		C * 47 major
		Section (Control of the Control of t
	12.b. Amount.	